

Southend Care Limited

# Complex Intervention Service

## Inspection report

Brook Meadows House  
Burr Hill Chase  
Southend-on-sea  
SS2 6PE

Date of inspection visit:  
21 April 2023  
24 April 2023  
27 April 2023  
28 April 2023

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Complex Intervention Service is a domiciliary care service providing the regulated activity of personal care. The service provides reablement support and short-term assessment to people living in their own houses, flats and within specialist housing schemes for up to 6 weeks.

At the time of our inspection there were 96 people using the service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. The provider confirmed 72 people were in receipt of the regulated activity of personal care.

### People's experience of using this service and what we found

Enough numbers of staff were available to support people safely, but concerns were raised that there were no set or estimated call times when staff visited. This meant people could not be assured what time staff would arrive. The majority of risks to people's safety and wellbeing were assessed and recorded. Improvements were required to ensure all risks were recorded. People's care and support needs were documented. However, more detail was required to make these more person-centred and to include clear information for staff of the care to be delivered. The registered manager provided an assurance these areas would be addressed. We have made a recommendation about staffing, risk management and care planning.

People told us they were safe and had no concerns about their safety. Suitable arrangements were in place to protect people from abuse and avoidable harm. Staff understood how to raise concerns and knew what to do to safeguard people. Appropriate arrangements were in place to ensure people received their medication, records were maintained to a good standard and staff appropriately trained. Staff recruitment and selection practices and procedures were robust. People were protected by the service's prevention and control of infection arrangements.

Suitable arrangements were in place to ensure staff were trained and newly appointed staff received a robust induction. Staff felt valued and supported by the registered manager and organisation. People's dietary needs were met. The service worked collaboratively with others and ensured people had access to healthcare services when needed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

Relatives confirmed their family member was treated with care, kindness, respect, and dignity. Relatives were consistently reassuring about staffs caring attitude, confirming there were positive interactions with staff. People told us the service was well managed. Quality assurance arrangements enabled the provider and registered manager to monitor the quality of the service provided and staff performance.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for the service at the previous premises was outstanding, published on 19 October 2019. The overall rating for the service has changed from outstanding to good, based on the findings of this inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Complex Intervention Service

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was completed by 1 inspector and 2 Experts by Experience completed telephone calls to people using the service and/or their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses, flats, and specialist housing.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 21 April 2023 and ended on 28 April 2023. We visited the location's office on 21 and 28 April 2023.

#### What we did before the inspection

We reviewed information we had received about the service since it was registered with the Care Quality Commission in 2022. We used the information the provider sent us in the provider information return [PIR] in January 2023. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with the registered manager, deputy manager and care coordinators. We reviewed 5 people's care files and 4 staff personnel files. We looked at the provider's arrangements for managing risk and medicines management, staff training, induction, and supervision data. We also looked at the service's quality assurance arrangements.

Following the inspection, the Experts by Experience spoke with 7 people who use the service and 7 people's relatives about their experience of the care provided. We spoke with 4 members of staff about their employment and what it is like to be employed by Southend Care Limited.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Suitable arrangements were in place to manage risks to people's health and safety. Not all risk assessments were in place and information recorded to identify the risks associated with people's care and support needs and how to mitigate them was not detailed enough. Where people had a catheter in place, the risks associated with the catheter had not been considered or recorded. For example, the importance of the catheter bag being placed below the level of the person's bladder and waist, the risk of Urinary Tract Infections [UTI's], stomach cramps, leakage, blood or debris in the catheter tube or bag and blockage. Catheters are sometimes necessary for people, who for a variety of reasons, cannot empty their bladder in the usual way. An assurance was provided by the registered manager that this would be addressed.

We recommend the provider refers to current guidance or seeks advice from a reputable source to ensure risk management strategies are robust and safe.

- Despite the above, staff spoken with had a good understanding and knowledge of the risk management strategies in place to ensure people's and others safety and wellbeing.

### Staffing and recruitment

- People told us staff stayed for the allocated time and they had not experienced any missed calls. However, people raised concerns there were no set or estimated call times when staff visited. They confirmed they did not routinely have the same staff supporting them and were not contacted if staff were running late. Comments included, "This morning it was 10.10am and I am left thinking are they [staff] going to come or not? Some mornings it can be 7.00am, I don't like there are no set times", "It doesn't affect my medication, but timings are a bit hit and miss" and, "They [staff] just turn up whenever." We discussed this with the registered manager, an assurance was provided by them that this would be addressed.

We recommend the provider refers to current guidance or seeks advice from a reputable source to ensure a better system for call times is implemented whereby people using the service or their relatives know when staff are due to visit.

- Staff confirmed they received their roster in advance and there were enough of them to keep people safe. Suitable arrangements were in place to monitor staffing levels, including shifts that were unallocated due to staff annual leave, sickness or unexpected circumstances. This ensured there were always sufficient staff available to meet people's care and support needs. On-call arrangements were effective, offering support and advice to staff where problematic circumstances were encountered.
- Recruitment records showed thorough recruitment procedures were in place to keep people safe and the

retention of staff at the service was very good. Relevant checks were carried out before a new member of staff started working at the service. These included processing applications, obtaining references, ensuring the applicant provided proof of their identity, conducting employment interviews, and undertaking a criminal record check with the Disclosure and Barring Service [DBS]. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Improvements were required to ensure the reason for leaving employment was recorded.

Systems and processes to safeguard people from the risk of abuse

- Effective safeguarding arrangements were in place to keep people safe. There was a low incidence of safeguarding concerns raised. These were raised promptly and where required investigations were robust and thorough.
- People using the service and relatives told us they had no concerns about their safety or their family member's safety. Comments included, "I do feel safe, they [staff] are lovely, smiley faces", "I was a bit concerned at first, because of having people in my house, but they [staff] are really lovely" and, "[Relative] has never expressed any concerns, they say staff are lovely."
- Staff confirmed they had received safeguarding training.
- Staff demonstrated a satisfactory understanding and awareness of the different types of abuse. They knew how to respond appropriately where abuse was suspected and to escalate concerns about a person's safety to the management team and external agencies, such as the Local Authority and Care Quality Commission. Staff told us they would not hesitate to raise a safeguarding alert if they suspected abuse.

Using medicines safely

- Medication practices ensured people received their medication consistently and safely. Where appropriate people were supported to be as independent as possible. Staff ensured Medication Administration Records [MAR] were accurately maintained. The registered manager was advised improvements were required to ensure where people were prescribed a medicine to be given 30 to 60 minutes before food and all other medicines, this was completed in line with the prescriber's instructions.
- Staff had received appropriate medication training and had their competency assessed to ensure their practice was safe. A member of staff told us, "I had my competency assessed to ensure I was okay to do medication."
- Medication audits were completed to make sure MAR forms were completed to a good standard and or to identify errors and lessons learned.

Preventing and controlling infection

- Staff had received infection, prevention, and control training.
- Staff told us they had access to appropriate Personal Protective Equipment to keep themselves and others safe.

Learning lessons when things go wrong

- Staff understood their responsibilities to raise concerns and report them both internally and externally. Staff knew how to report accidents and incidents. Where accidents and incidents had occurred, they had been reported and appropriate action had been taken to ensure lessons were learned.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to the commencement of the service. People's protected characteristics under the Equalities Act 2010, such as age, disability, religion, and ethnicity were identified as part of their need's assessment.

Staff support: induction, training, skills and experience

- Staff had received mandatory training in line with the organisation's expectations using both face to face and eLearning methods.
- Newly employed staff received an induction relevant to their role and according to their level of experience and professional qualifications. Staff completed the 'Care Certificate' as part of their induction. The 'Care Certificate' is a set of standards that social care and health workers should adhere to in their daily working life.
- Staff were given the opportunity to 'shadow' more experienced staff until they felt confident to carry out their role. A record was maintained to demonstrate the outcome of the 'shadow' shifts to ensure staff were competent and skilled.
- Staff spoken with told us they felt valued and supported by the organisation and registered manager. Comments included, "I can honestly say I am supported" and, "I definitely feel supported."
- Information available showed staff had received formal supervision and spot visits. The latter is where a representative of the organisation can observe the member of staff as they go about their duties and check they are meeting the organisation's standards and expectations.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people as needed with the provision of meals, snacks, and drinks to ensure their nutritional and hydration needs were met. As part of people's reablement package and where appropriate and able, people were empowered to make meal and drink choices, and were involved and supported to help plan their meals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked well with other organisations to ensure they delivered good joined-up care and support. For example, the domiciliary care service worked with physiotherapists, occupational therapists, GP surgeries, pharmacies and District Nurse services.
- People's healthcare needs were met, and they received appropriate support from staff. If staff were concerned about a person's health and wellbeing, they relayed these concerns to the domiciliary care office

for escalation and action.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff demonstrated an understanding and knowledge of the key requirements of the MCA and how this related to the people they supported.
- People's capacity to make decisions had been assessed and these were individual to the person. People told us staff sought their consent prior to providing support.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives were overall very happy and delighted with the care and support provided and the staff delivering the care. People told us they were treated with care and kindness by staff and were positive about the caring attitude of staff.
- People told us, "The level of care has been fantastic", "[Relative] is very pleased with the care and always says how lovely everyone is", "The care is absolutely wonderful, the girls are lovely", "They [staff] are brilliant, [relative] loves them coming in" and, "When staff visit it is like one of your friends coming in, they have exceeded my expectations. The support provided was more than I could have managed."

Supporting people to express their views and be involved in making decisions about their care

- People and those acting on their behalf were given the opportunity to provide feedback about the service through reviews and satisfaction surveys. The majority of comments were very positive. Where areas for improvement were required, as stated within the safe section of this report, this related to people's call times.

Respecting and promoting people's privacy, dignity and independence

- As part of the provider's reablement package [for up to 6 weeks], people were supported by staff to maintain and recapture their independence. Information from people's daily journals demonstrated people were supported to complete their own personal care tasks where appropriate, to self-medicate their medication or to regain their ability to mobilise following a loss of mobility. People's comments included, "I am now very confident to be independent again", "I expected encouragement to try to be independent and staff always tried to achieve it" and, "I feel we achieved more than we thought was going to be possible."
- People told us staff treated them with respect and dignity to maintain their personal appearance and ensure their self-esteem and sense of self-worth. Comments included, "Staff worked alongside me and maintained my dignity at all times" and, "I felt I was treated in a respectful manner, and I was very happy with everything."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People who used the service had a support plan in place describing their individual care and support needs. While the caring section of this report has recorded the care and support provided for people using the service was positive, improvements were required to ensure information recorded within people's support plan was more detailed and person-centred. The registered manager was receptive to our findings and provided an assurance this would be addressed going forward.

We recommend the provider refers to current guidance or seeks advice from a reputable source to ensure people's care and support plans are person-centred.

- Staff told us they did not always have sight of a person's care plan prior to them visiting the person's home for the first time. In these circumstances staff received verbal information from the domiciliary care service office. Staff told us this did not happen very often but meant discussions would have to be repeated with the person using the service about their care and support needs. Staff told us some people found this frustrating. However, people told us the support provided by staff was person-centred and focused on their needs.
- People received personalised care that was responsive to their needs. For example, the service supported people to attend hospital appointments. Staff received specialist training to enable them to support and respond to people who were at risk of falls and to keep them safe.
- The registered manager confirmed no one using the service was assessed as being at the end of their life. The registered manager told us, where people required end of life care and support, they would work with healthcare professionals, including palliative care specialists and others, to provide a dignified and pain-free death that was as comfortable as possible.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans had communication records in place to guide staff on how best to communicate with the people they supported.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships that were important to them, for example, with family members.

Improving care quality in response to complaints or concerns

- Few concerns or complaints had been raised either by people using the service or those acting on their behalf, the Local Authority or others. This concurred with information held by the Care Quality Commission.
- People and those acting on their behalf told us they felt confident to raise issues and areas of concern with the domiciliary care service. When asked people told us, "Yes, I would feel able to raise issues, I am happy with everything" and, "I have had no need to contact them. If I needed to raise an issue I would do so."
- A record of compliments was maintained to demonstrate the service's achievements.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- The provider, registered manager and senior management team ensured the service was consistently well-managed and demonstrated people using the service received positive outcomes.
- The provider had a Service Improvement Plan in place to identify where the service needed to improve, to help drive improvement and to implement any required changes.
- The quality assurance arrangements monitored the experience of people being supported and the quality of the service provided by the domiciliary care service. This information was used to help the provider drive improvement, including the monitoring of potential trends and lessons learned.
- The service had a positive culture which focused on people receiving good quality care and achieving the best outcomes for people using the service during the 6-week reablement package.
- People and those acting on their behalf were complimentary regarding the organisation and said the service was well managed and led. Comments included, "I think it's [domiciliary care service] well managed on the whole. It's a really good team, really nice girls, they become part of the family" and, "I know the manager and can see the office is managed well. We are very comfortable with them."
- Staff told us the team worked well and were supportive of one another. They felt able to contact the office at any time and stated communication with them was positive.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood the duty of candour and their responsibility to be open and honest about any incident which caused or placed people at risk of harm or where concerns were raised. Systems were in place to investigate incidents, accidents, and complaints.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider and registered manager understood the importance of their role and responsibilities. They demonstrated a strong commitment to providing good care for people using the service and ensuring compliance with regulatory requirements was monitored and achieved.
- Staff understood their role and responsibilities. They were aware of the procedures and policies they needed to follow and what information they needed to share with the service to ensure people's safety and wellbeing.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Effective arrangements were in place for gathering people's views of the service they received and those of people acting on their behalf.
- People and relatives told us communication with the service was good. Comments included, "I can contact the service and they call me back" and, "[Relative] has a number, they [domiciliary care service] do respond."
- The organisation completed 'spot checks' on their staff to ensure they were following their policies and procedures and providing appropriate care and support.
- Staff meetings were initially held to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service, but these did not prove successful. Staff forum meetings have been introduced whereby representatives from all roles can discuss key areas therefore promoting the interests of all employees in the workplace. The provider told us the staff forums were well attended.

Working in partnership with others

- Information demonstrated the service worked closely with others, for example, the Local Authority, healthcare professionals and services to support care provision.